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JC616 U.S. PTO

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PTO/SB/50 (4/98)

Approved for use through 09/30/2000. OMB 0651-0033

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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REISSUE PATENT APPLICATION TRANSMITTAL

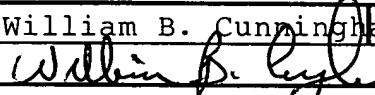
Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	WBC 7403US
	First Named Inventor	Leo A. Whiteside
	Original Patent Number	5,766,260
	Original Patent Issue Date (Month/Day/Year)	June 16, 1998
	Express Mail Label No.	EL273047865US

APPLICATION FOR REISSUE OF:
(check applicable box)

Utility Patent Design Patent Plant Patent

APPLICATION ELEMENTS		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)		
2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)	8. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
3. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)		
4. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)	10. <input type="checkbox"/> Small Entity Statement(s) <input checked="" type="checkbox"/> Statement filed in prior application, (PTO/SB/09-12) <input checked="" type="checkbox"/> Status still proper and desired		
5. Original U.S. Patent <input type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. § 1.178) (PTO/SB/53 or PTO/SB/54) or <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)	11. <input checked="" type="checkbox"/> Preliminary Amendment		
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
(If Yes, check applicable box(es))			
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54)	13. <input type="checkbox"/> Other:		
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney		
<div style="border: 1px solid black; padding: 2px; text-align: center;"> *NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28). </div>			

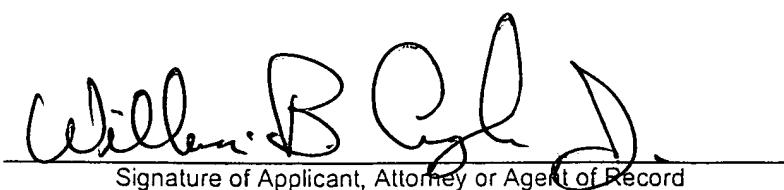
14. CORRESPONDENCE ADDRESS					
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Signature			Date 6/15/00

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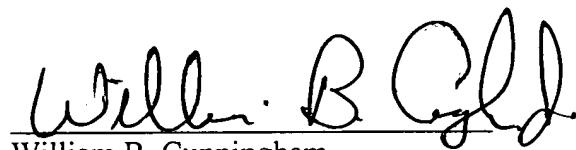
REISSUE APPLICATION FEE TRANSMITTAL FORM				Docket Number (Optional) WBC 7403US				
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 6	Total Claims (37 CFR 1.16(j))	(B) 12	**** 7 = x \$ 9 = \$ 63	or	x \$ _____ =			
(C) 1	Independent Claims (37 CFR 1.16(i))	(D) 2	* 1 = x \$ 39 = \$ 39			x \$ _____ =		
Basic Fee (37 CFR 1.16(h))				\$ 345		\$ _____		
Total Filing Fee				\$ 447		OR	\$ _____	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS **	* = x \$ _____ =	or	x \$ _____ =			
Independent Claims (37 CFR 1.16(i))	***	MINUS ****	* = x \$ _____ =			x \$ _____ =		
Total Additional Fee				\$ _____		OR	\$ _____	
* If the entry in (D) is less than the entry in (C), Write "0" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *** After any cancelation of claims **** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20). ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).								
<p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>162201</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>447.00</u> to cover the filing / additional fee is enclosed.</p>								
<u>June 15, 2000</u> Date				 Signature of Applicant, Attorney or Agent of Record				
<u>William B. Cunningham, Jr.</u> Typed or printed name								

EXPRESS MAIL FILING CERTIFICATE

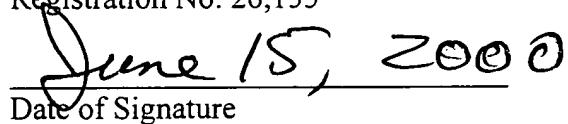
06/15/00
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09/595352


RE : U.S. Patent Reissue Application
TITLE : Acetabular Component With Improved Liner Seal and Lock
INVENTOR : Leo. A. Whiteside

I hereby certify that this U.S. Patent Application is being deposited with the United States Postal Service utilizing the "Express Mail Post Office to Addressee" service addressed to Assistant Commissioner for Patents , Washington, D.C. 20231 on the 15th day of June, 2000.



William B. Cunningham
Registration No. 26,155


Date of Signature

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